MDR Tracking Number: M5-05-0114-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09/09/04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that manipulations, manual therapy, office visits, therapeutic procedures and radiologic examination was not medically necessary for dates of service 10/27/03 through 06/22/04. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11/16/04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice. The Respondent's representatives, Downs & Stanford were contacted on January 25, 2005 via e-mail to inquire if the insurance carrier had any additional information to submit. On January 27, 2005 a Downs & Stanford representative informed MDR that no additional information would be submitted by the Respondent.

In accordance with Rule 133.307 (g)(3)(A), the requestor has not submitted convincing evidence of the carrier's receipt of the request for reconsideration for CPT codes 98940, 98941, 98943, 97139, 97016, 97012 and 97140-59 for dates of service 12/08/03 and 02/11/04; therefore, reimbursement is not recommended.

- CPT Code 99211 for date of service 03/26/04 denied as "N". Per Rule 133.307(g)(3)(B) the requestor submitted SOAP notes to support services were rendered as billed. Reimbursement in the amount of $27.86 is recommended.

- CPT Code 97799 (2 units) for date of service 03/26/04 denied as "N". Per Rule 133.307(g)(3)(B) the requestor submitted SOAP notes to support services were rendered as billed. Per Rule 134.202(c)(6) and the Medicare Fee Schedule reimbursement is recommended and the Carrier shall assign a relative value or payment amount.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees as follows:

- in accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6)

- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to date of service 03/26/04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 28th day of January 2005.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

November 11, 2004 **Amended Letter 01/20/05**

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0114-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 52 year-old male was injured ___ in a motor vehicle accident while on the job. The patient suffered a concussion with loss of consciousness and injured his back, neck, left arm, left leg and head. He has been treated with therapy and medications.

Requested Service(s)

Manipulations, manual therapy, office visits, and therapeutic procedures for dates of service 10/27/03 through 06/22/04 and radiologic examination spine lumbosacral for date of service 01/23/04

Decision

It is determined that there is no medical necessity for the manipulations, manual therapy, office visits, and therapeutic procedures for dates of service 10/27/03 through 06/22/04 to treat this patient's medical condition. Additionally, there is no medical necessity for the radiologic examination spine lumbosacral for date of service 01/23/04

Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for the manipulations, manual therapy, office visits, and therapeutic procedures. Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established, there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment. In this case, medical record documentation does not indicate an objective or functional improvement in this patient's condition and no evidence of a change of treatment plan to justify additional treatment in the absence of positive response to prior treatment.

Medical record documentation does not indicate the necessity for the lumbar spine X-ray taken on 01/23/04. X-rays are very valuable in ruling out pathologies and contraindications to manipulation; however, the provider did not give any indication for the medical necessity nor how it might yield additional information from what the 08/14/03 magnetic resonance imaging revealed. Therefore, the manipulations, manual therapy, office visits, and therapeutic procedures for dates of service 10/27/03 through 06/22/04 and the radiologic examination spine lumbosacral for date of service 01/23/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0114-01

Information Submitted by Requestor:

- Letter of Medical Necessity
- Procedures
- Progress Notes
- Consult
- Diagnostic Tests
- Therapy Notes

Information Submitted by Respondent:

- Medical Necessity dispute
- Peer Review
- Utilization Review
- Diagnostic Tests
- Claims